## United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM



ason for S	<b>ubmittal</b> (Se	elect on	ıly one	e.)										
	Obtaining for a perio			an EPA	ID nur	mber	for or	n-goin	g regulated a	ctivitie	es (Items 10-	17 below) tha	t will c	continue
	Submitting	g as a c	ompo	nent o	f the H	azard	ous V	Vaste	Report for _		(Reporti	ing Year)		
		ite was	a TSI	D facilit	ty, a re	verse	distri	butor	, and/or gen	erator	of ≥ 1,000 kg	of non-acute	hazar	dous
									> 100 kg of ac e equivalent		azardous was egulations)	te spill cleanu	p in <b>o</b> ı	ne or
	Notifying	that re	gulate	ed activ	ity is n	o long	ger oc	currir	g at this Site					
	Obtaining	or upd	ating	an EPA	ID nur	nber 1	for co	nduct	ing Electroni	c Man	ifest Broker a	ctivities		
	Submitting	g a new	or re	vised F	Part A (	permi	it) Foi	m						
EPA ID I	Number													
		П												
Name														
Location	Address													
Street	Address													
City, To	own, or Villa	ge									County			
State					Cou	ntry					Zip Code			
Latitud	e				Long	gitude	j				□ Use Lat/L	ong as Prima	r <b>y Ad</b> d	ress
Mailing	Address				•						☐ Sam	e as Location	Street	Address
Street /	Address													
City, To	wn, or Villag	ge												
State					Cour	ntry					Zip Code			
Land Ty	20										•			
□ Priv	ate 🗆 (	County		☐ Dist	rict		Feder	al	☐ Tribal		Municipal	☐ State		Other
h Ameri	can Industry	/ Classi	ficatio	on Syst	em (N	AICS)	Code	(s) foi	the Site (at	least 5	s-digit codes)			
A. (Pri	mary)	562	910						C.					-
В.									D.					
•														

ite	Contact Inform	nation					☐ Same as Lo	cation Addr								
	First Name			MI		Last Name										
	Title															
	Street Addre	SS	4 F	PENN CENTER 1600	JFK PARKWAY											
	City, Town, o	r Village	PHILA	ADELPHIA												
	State	PA		Country	US	Zip Code	23219	e								
	Email			wagner.christir	ne @epa.gov											
	Phone			Ext		Fax										
.ega	A. Name of S	perator of the				Data Pacs	☐ Same as Lo									
	ruii Naiile	Robert G	uthrie Jr.			1/1/20	ame Owner (mn 110	ı, uu, yyyy)								
	Owner Type															
	☐ Private	☐ County	☐ District	: □ Federal	☐ Tribal	☐ Municipal	☐ State	☐ Other								
	Street Addre	Street Address 17160 LP Bailey Highway														
	City, Town, o	r Village	Nathalie													
	State	VA		Country	USA	Zip Code	24577									
	Email															
	Lillali	none														
	Phone	434-349-62	17	Ext		Fax										
		434-349-624		Ext mission to operate	the Site. EPA g	1	posed of haz wa	ste								
	Phone Comments	434-349-624	nted EPA peri	L	the Site. EPA g	1	posed of haz wa □ Same as Lo									
	Phone Comments	434-349-624 Owner gra	nted EPA peri	L	the Site. EPA g	enerated and dis		cation Add								
	Phone Comments  B. Name of S	434-349-624 Owner gra	nted EPA peri	L	the Site. EPA g	enerated and dis	□ Same as Lo	cation Add								
	Phone Comments  B. Name of S Full Name	434-349-624 Owner gra	erator	L	the Site. EPA g	enerated and dis	□ Same as Lo	ocation Add mm/dd/yyy								
	Phone Comments  B. Name of S Full Name Operator Typ	434-349-624 Owner gra Site's Legal Ope	erator  EPA  District	mission to operate	□ Tribal	generated and dis	□ Same as Lo ame Operator (r 11/30/19	ocation Add mm/dd/yyy								
	Phone Comments  B. Name of S  Full Name Operator Typ  Private	434-349-624 Owner gra Site's Legal Ope	erator  EPA  District 4 PE	mission to operate	□ Tribal	generated and dis	□ Same as Lo ame Operator (r 11/30/19	ocation Add mm/dd/yyy								
	Phone Comments  B. Name of S  Full Name Operator Typ  Private Street Addre	434-349-624 Owner gra Site's Legal Ope	erator  EPA  District 4 PE	mission to operate  X	□ Tribal	generated and dis	□ Same as Lo ame Operator (r 11/30/19	ocation Add mm/dd/yyy								
	Phone Comments  B. Name of S Full Name Operator Typ Private Street Addre City, Town, o	434-349-624 Owner gra  Site's Legal Ope  County  ss or Village	erator  EPA  District 4 PE	mission to operate  X	□ Tribal FK BLVD	Date Beca	□ Same as Loame Operator (r 11/30/19 □ State	cation Add								

_	ulated	Waste A	Activity	y (at v	your s	ite)						
ark "Yes"					-	-	of the	date	subm	itting	the	form); complete any additional boxes as instruc
A. Haza	rdous \	Waste A	ctivitie	es								
□ Y [	□ N	1. Gen	erator	of Ha	azardo	ous V	Vaste	e—If '	'Yes",	mark	only	y one of the following—a, b, c
			a. LC	ιG	hazar - Ger (2.2 I - Ger	rdou nerat b/m nerat	s was es, ir o) of es, ir	ste (in any acute any	clude calend haza calend	s quar dar mo rdous dar mo	ntitie onth was onth	, 1,000 kg/mo (2,200 lb/mo) or more of non-acues imported by importer site); or or accumulates at any time, more than 1 kg/m ste; or or accumulates at any time, more than 100 kg/ll cleanup material.
			b. SQ	Ğ	1 kg	(2.2	lb) of	acute	e haza		was	mo) of non-acute hazardous waste and no more ste and no more than 100 kg (220 lb) of any acu
			c. VS	QG	Less	than	or e	qual t	o 100	kg/m	(22	20 lb/mo) of non-acute hazardous waste.
Y	NO	process	ses). If	f "Yes	", pro	vide	an e	xplan	ation	in the	Con	n or one-time event and not from on-going mments section. Note: If "Yes", you MUST indic 10.A.1 above. MARKED INCORRECTLY AS YES.
	E N NO	3. Trea	ter, St se acti	orer o		pose IO	er of I	Hazar	dous	Waste	-N	ote: Part B of a hazardous waste permit is requi
		4. Rece	ives H	azard	ous V	Vaste	e fror	n Off-	site	N	0	
□ Y [	□ N N	O5 Recyc	ler of	Haza	rdous	Was	ste	NO	)			
			a. Red	cycler	who	stor	es pr	ior to	recyc	ling		
			b. Re	cycle	who	doe	s not	store	prior	to red	yclii	ng
□ Y [	□ N N	36. Exen	npt Bo	iler aı	nd/or	Indu	ıstria	l Furn	ace-	If "Ye	s", n	nark all that apply.
			a. Sm	all Qı	uantit	y On	-site	Burne	er Exe	mptio	n	
			b. Sm	elting	g, Me	lting,	, and	Refin	ing Fu	ırnace	Exe	emption
						_	_					
handled addition	d at you nal pag		ist the	em in es are	the o	rder						st the waste codes of the Federal hazardous was regulations (e.g. D001, D003, F007, U112). Use
handle	d at you nal pag	ur site. L	ist the	em in es are	the o	rder						
handled addition	d at you nal pag	ur site. L	ist the	em in es are	the o	rder						
handled addition	d at you nal pag	ur site. L	ist the	em in es are	the o	rder						
handled addition	d at you nal pag	ur site. L	ist the	em in es are	the o	rder						
handled addition	d at you nal pag	ur site. L	ist the	em in es are	the o	rder						
DOC C. Waste wastes h	d at you nal pag 06	s for Stat	D008	em in es are	the o	rder ded.	deral	) Haz	ardou	ss Was	the ttes.	
handled addition	d at you nal pag 06	s for Stat	D008	em in es are	the o	rder ded.	deral	) Haz	ardou	ss Was	the ttes.	Please list the waste codes of the State hazardo
DOC C. Waste wastes h	d at you nal pag 06	s for Stat	D008	em in es are	the o	rder ded.	deral	) Haz	ardou	ss Was	the ttes.	Please list the waste codes of the State hazardo

Number			
itional Reg A. Other	_		ste Activities (NOTE: Refer to your State regulations to determine if a separate permit is requir vities
□Υ□	N	1. Tra	nsporter of Hazardous Waste—If "Yes", mark all that apply.
NO	)		a. Transporter THIS WAS COMPLETED INCORRECTLY. THIS FACILITY IS NOT A TRANSPORTE
			b. Transfer Facility (at your site)
□ Y □	N	2. Ur	derground Injection Control
□ Y □	N	3. Ur	ited States Importer of Hazardous Waste
□Υ□	N	4. Re	cognized Trader—If "Yes", mark all that apply.
			a. Importer
			b. Exporter
□ Y □	N	5. Im	porter/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If "Yes", mai apply.
			a. Importer
			b. Exporter
□ Y □		· · · ·	Note: Refer to your State regulations to determine what is regulated.  a. Batteries
	•	· · · ·	
			b. Pesticides
			c. Mercury containing equipment
			d. Lamps
			e. Aerosol Cans
		-	f. Other (specify)
	[.		g. Other (specify)
□ Y □		2. Deactivity	stination Facility for Universal Waste Note: A hazardous waste permit may be required for this
C. Used C	Oil Ac	tivitie	;
□ Y □	N	1. Use	Oil Transporter—If "Yes", mark all that apply.
			a. Transporter
			b. Transfer Facility (at your site)
□Υ□	N :	2. Use	Oil Processor and/or Re-refiner—If "Yes", mark all that apply.
			a. Processor
			b. Re-refiner
□ Y □	N :	3. Off-9	Specification Used Oil Burner
□ Y □	N	4. Used	l Oil Fuel Marketer—If "Yes", mark all that apply.
			a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Bu
<u> </u>			b. Marketer Who First Claims the Used Oil Meets the Specifications

ID Number		T											]
D. Pharma	eutic	al Act	ivitie	es									
□ Y □ N	cals		/es",	marl	k only	y on							nagement of hazardous waste pharmaceuti- instructions for definitions of healthcare facility
		a. I	Healt	thcar	e Fac	ility							
		b. I	Reve	rse D	Distrik	outo	r						
□ Y □ N	pha	rmace	eutic	als. 1	Note:	You	u ma	ay only	with	draw	f you	ı are	opart P for the management of hazardous waste a healthcare facility that is a VSQG for all of ceuticals.
ligible Acader es pursuant to							s—N	otifica	tion f	or op	ing i	nto o	or withdrawing from managing laboratory hazar
□ Y □ N	was	tes in	labo	rato	ries—	- If "	Yes"	_	all th				2, Subpart K for the management of hazardous See the item-by-item instructions for defini-
		1. (	Colle	ge oı	r Univ	versi	ty						
		2. 7	Teac	hing	Hosp	ital 1	that	is own	ed by	or ha	is a f	orma	al written affiliation with a college or university
		3.1	Non-	profi	t Inst	titute	e tha	at is ov	vned l	by or	has a	forn	nal written affiliation with a college or universit
□ Y □ N	B. V	Vithdr	rawir	ng fro	om 40	) CFI	R Pa	rt 262,	Subp	art K	for th	ne ma	anagement of hazardous wastes in laboratories
Episodic Gen	eratio	n											
□ Y □ N	no m		han (	60 da	ays, tl	hat r	nov	es you					a planned or unplanned episodic event, lasting or category. If "Yes", you must fill out the
LQG Consolid	ation	of VS	QG I	Hazaı	rdous	s Wa	ıste						
□ Y □ N NO	purs		to 40	) CFR									s Waste Under the Control of the Same Person e Addendum for LQG Consolidation of VSQG
Notification o	of LQG	Site (	Clos	ure fo	or a C	Cent	ral A	Accumi	ulatio	n Are	a (CA	\A) (c	optional) OR Entire Facility (required)
$\square$ Y $\square$ N	LQG	Site C	Closu	re of	a Ce	ntra	l Ac	cumula	ition A	Area (	CAA)	or E	ntire Facility. NO
	A.	□ Cer	ntral	Accu	ımula	ition	Are	a (CAA	() or [	Enti	e Fa	cility	
	В. Е	xpect	ed c	losur	e dat	te: _			m	m/dd	/уууу	/	
	C. F	Reque	sting	new	clos	ure (	date	:		r	nm/d	dd/yy	ууу
								mm/d					
											star	ndard	ds 40 CFR 262.17(a)(8)
		2. Not	in co	ompli	iance	wit	h th	e closu	re pe	rform	ance	stan	dards 40 CFR 262.17(a)(8)

									<u> </u>										
Notification of	Hazaro	dous 9	Secon	darv	Mate	erial	(HSM	I) Act	ivity										
										will b	egin	managin	g, are	mar	aging	, or w	ill sto	op ma	naging
ŀ	nazardo	ous se	econd	lary n	nater	ial ur	nder 4	40 CF	R 260	0.30,	40 CF	R 261.4( for Man	a)(23)	, (24)	, (25)	, or (2	7)? If	"Yes"	, you
ectronic Mani	fest Br	oker																	
												electing							
	em to ardous					d tra	nsmit	t an e	electro	onic r	nanif	est unde	r a co	ntrad	tual r	elatio	nship	o with	a haz
omments (inc	lude ito	em nı	umbe	r for	each	comi	ment)	)											
per																			
Certification 1	certify	unde	r pen	alty o	of law	, that	this	docu	ment	· and :	all att	achmen	ts wer	e pre	epare	d und	er my	v direc	ction o
Certification 1 of signification																			
sion in accorda	ance w	ith a	syster	m des	signe	d to a	assure	e tha	t qual	lified	perso	nnel pro	perly	gath	er an	d eval	uate	the in	forma
sion in accorda litted. Based o the informatio	ance w n my ir on, the	rith a s nquiry s infor	syster y of th matic	m des ne pe on sul	signe rson bmitt	d to a or pe ed is	assure rsons , to th	e tha s who he be	t qual man st of	lified nage t my ki	persone he synowle	nnel prostem, or dge and	perly those belie	gath pers f, tru	er an sons c e, acc	d eval lirectl urate	uate y res , and	the in ponsik comp	iforma ole for olete. I
sion in accorda itted. Based o the information that there ar	ance w n my ir on, the e signi	rith a s nquiry e infor ificant	syster of the matic pena	m des ne pe on sul alties	signe rson bmitt for si	d to a or pe ed is ubmi	ersons to the tting	e tha s who he be false	t qual man est of infor	lified nage t my ki matic	personers he sy nowle on, ind	nnel prostem, or dge and the	perly those belie he po	gath pers f, tru ssibil	er an sons o e, aco ity of	d eval lirectl urate fines	uate y res , and and i	the in ponsib comp mpris	iforma ole for olete. I onmei
sion in accorda itted. Based o the information that there ar ing violations.	ance w n my ir on, the re signi Note:	rith a singuiry information in the second in	syster of the matic pena	m des ne pe on sul alties	signe rson bmitt for si	d to a or pe ed is ubmi	ersons to the tting	e tha s who he be false	t qual man est of infor	lified nage t my ki matic	personers he sy nowle on, ind	nnel prostem, or dge and the	perly those belie he po	gath pers f, tru ssibil	er an sons o e, aco ity of	d eval lirectl urate fines	uate y res , and and i	the in ponsib comp mpris	iforma ole for olete. I onmei
sion in accorda litted. Based o the information e that there ar ring violations.	ance w n my ir on, the re signi Note:	rith a singuiry information in the second in	syster of the matic pena	m des ne pe on sul alties	signe rson bmitt for si	d to a or pe ed is ubmi	ersons to the tting	e tha s who he be false	t qual man est of infor	lified nage t my ki matic	personers he sy nowle on, ind	nnel prostem, or dge and the	perly those belie he po	gath pers f, tru ssibil	er an sons o e, aco ity of	d eval lirectl urate fines	uate y res , and and i	the in ponsib comp mpris	iforma ole for olete. I onmei
sion in accorda itted. Based o the information that there are ing violations. 270.10(b) and	ance w n my ir on, the e signi Note: 270.11	rith a minimized information in the second i	syster y of the matic t pena t <b>he R</b> (	m des ne per on sul alties CRA H	signe rson bmitt for si <b>Hazar</b>	d to a or pe ed is ubmi	ersons , to th tting <b>S Was</b>	e tha s who ne be false t <b>e P</b> a	t qual o man est of infor art A p	lified nage t my ki matio perm	persones per	nnel prostem, or dge and the	those belie he po	gath pers f, tru ssibil wner	er an sons o e, aco ity of	d eval lirectl urate fines	uate y res , and and i	the in ponsib comp mpris	iforma ole for olete. I onmei
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